

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	EW	105705	03-09-01
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ Rejected  
 - Allowed  
 (Through numeral) Canceled  
 Restricted  
 N Non-elected  
 I Interventor  
 A Appeal  
 O Objected

Claim	Date	Claim	Date	Claim	Date
1		1		1	
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If more than 150 claims or 10 actions  
 staple additional sheet here

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